

REPORT OF DISPOSAL WELL ACTIVITY

Month/Year

Instructions: Each operator of a produced water disposal well shall submit Form 11 SWD no later than the 25th day of the month following the month reported. Report each disposal well on a separate form. Record wellhead pressures weekly. Submit one original of this form.

Operator

Mailing Address

26 -

API Number

Well Name

Injected Volume (BBL)

Field Name

WEEKLY-OBSERVED WELLHEAD PRESSURES

| Date | Injection/ Tubing String PSIG | Tubing/ Casing Annulus PSIG | Long String/ Surface Casing Annulus PSIG |
|-------------|--|--|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I/WE CERTIFY THAT ALL INFORMATION IS COMPLETE AND CORRECT:

Signature

Print or Type Name

Title

Date